

SEP-06-2005 TUE 03:45 PM HONOLULU-SAND ISLAND

FAX NO. 808 53892

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VESSEL SAFETY INSPECTION REPORT MATSON TERMINALS, INC.

CE KB 10/2

Vessel: Lhuv V138

Inspectors Present (whomever applies):

Port & Berth: P53 HonoluluStevedore Superintendent: Cy S. KaoDate & Shift: 10/1/02 NightVessel Representative: Officer P.R. O.Time Inspection Completed: 1900

Walking Bosses/Foreman: _____

"Pre-Start" Inspection ☒

Check

"Pre-Shift" Inspection _____

One

The check list below is only a reminder. Matson Terminals, Inc. inspectors shall examine for, report and correct ALL safety problems. If a hazard is noted, please explain fully under "COMMENTS" and, if necessary, on an attachment to this form. A VESSEL REPRESENTATIVE SHALL ACCOMPANY THE INSPECTORS ON "PRE-START" INSPECTIONS MADE BEFORE THE COMMENCEMENT OF STEVEDORING OPERATIONS. VESSEL REPRESENTATIVES NEED NOT BE IN ATTENDANCE DURING SUBSEQUENT "PRE-SHIFT" INSPECTIONS.

	YES	NO
(1) Did you examine all areas of expected operations aboard the vessel which could be inspected? (If NO, explain under COMMENTS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Were work areas free and clear of dangerous tripping and slipping hazards? (If NO, explain under COMMENTS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Were all walkways, stagings and deck areas sound and in good repair? (If NO, explain under COMMENTS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) Was all equipment to be used during operations, including vessel equipment, operable and in good repair? (If NO, explain under COMMENTS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Were there any dangers posed by the cargo or its stowage? (If YES, explain under COMMENTS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) Were all necessary safety devices in position, operable and in good working order? (If NO, explain under COMMENTS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) Did the vessel representative point out any safety hazards? (If YES, explain under COMMENTS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Were any other hazards found? (If YES, explain under COMMENTS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) If you encountered any safety problems did you advise and instruct all other Supervisors, Superintendents, Walking Bosses and Foremen? (If NO, explain under COMMENTS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(10) Was first aid and emergency equipment adequate and in the immediate vicinity of the vessel? (If NO, explain under COMMENTS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(11) Were any safety complaints presented by employees before commencement of the shift? (If YES, explain under COMMENTS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

** TURN PAGE OVER **

EXHIBIT

"1"

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SPECIFY BELOW AND IF NECESSARY ON AN ATTACHMENT TO THIS FORM ANY PROBLEMS NOTED ABOVE.

COMMENTS: _____

_____Pre-Shift safety talk given by: Craig KatoName of Person preparing Report (typed or printed): Craig KatoSignature of Person Preparing Report: Craig KatoDate & Time of Preparation of Report: 10/1/02 1800

Distribution:

Original (depending on port location):

- Manager, Terminal Operations (Safety) - TI & Oak.
- Superintendent (Safety) - Seattle, or,
- Manager Stevedoring Operations - Honolulu

Copies - Local Vessel File, Matson Terminals, Inc.
- Vessel Owner (Agent - Customer Vessels/Marine Operations Dept., SF - Matson vessels)

NOTE: Only send copies of this report to Director Safety, Matson Terminals, Inc. when safety issues are noted. "Clean" reports should not be forwarded to his attention.